

**Conclusions:** All patients should be risk stratified for post median sternotomy wound infections.

In patients with significant risk factors and infected sternal wound dehiscence combined plastic and cardiothoracic surgical input should be undertaken from the outset.

Aggressive and early one stage debridement and flap coverage should be considered in serious sternal wound infections associated with dehiscence as it may negate the need for multiple debridements and prolonged vacuum therapy.

#### 0614: SYNCHRONOUS CAROTID ENDARTERECTOMY FOR ASYMPTOMATIC CAROTID STENOSIS AND CORONARY ARTERY BYPASS GRAFTING IN PATIENTS WITH CONCOMITANT DISEASE - A LITERATURE REVIEW

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**Aims:** This literature review investigates the outcomes of synchronous coronary artery bypass grafting (CABG) and carotid endarterectomy (CEA) for concomitant disease in neurologically asymptomatic patients.

**Methods:** An electronic OVID Medline® database search using the following criteria: "asymptomatic", "carotid stenosis", "carotid endarterectomy", "CEA", "coronary artery bypass", "CABG" gave a total of 56 articles. Stroke and mortality rates were calculated and compared to CABG alone in patients with carotid stenosis. Fishers exact test was used to calculate significance.

**Results:** Incidence of stroke was significantly less in asymptomatic patients undergoing synchronous surgery compared to symptomatic patients, 1.7% versus 13.2%, risk 0.13 (95%confidence interval 0.08-0.21,  $P= <0.0001$ ). There was a small significant decrease in stroke risk in patients undergoing synchronous surgery compared to CABG alone, 3.4% versus 5.8%, risk 0.92 (CI = 0.86-0.99,  $P=0.0123$ ), but this was insignificant when limited to asymptomatic patients. There was a trend of increased mortality in symptomatic patients and in synchronous surgery which was not statistically significant.

**Conclusions:** This study suggests synchronous surgery decreases stroke risk in patients with carotid stenosis compared to CABG alone, but mortality benefit and benefit to asymptomatic patients remains unclear. Neurologically symptomatic patients have worse outcomes compared to those with asymptomatic carotid stenosis.

#### 0892: WEIGHT REDUCTION PRIOR TO ELECTIVE CORONARY REVASCULARIZATION IN EXTREMELY OBESE PATIENTS IMPROVES CLINICAL OUTCOMES

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**Introduction:** 20% of patients undergoing coronary revascularization [CABG] in the UK are obese, with associated co-morbidities including diabetes, hypercholesterolemia poor mobility, and smoking. They present a high risk for CABG. We examined the impact of diligent preoperative risk modification on postoperative outcomes.

**Methods:** We instituted a closely monitored regimen of risk reduction focusing on weight loss, cessation of smoking and diabetic control, in extremely obese patients [BMI>40] requiring elective CABG [Group WL] and examined their outcome compared to less obese patients outside the study group [Group OE]. Kruskal Wallis and Anova method was used for statistical analysis.

**Results:** A 8.9% weight loss was achieved safely in the 13 patients [Group WL] over 202 days, with a fall in BMI from 43.9 [+ 3.7] to 40.1[+3.4]. Four patients quit smoking and tight glycemic control was achieved in 8 diabetics before surgery. In spite of the poorer patient profile, patients in group WL did better with lower incidence of mediastinitis, wound infection, early mobilization and hospital stay compared to Group OE.

**Conclusion:** Weight loss was safely achieved in extremely obese patients before planned CABG with tangible reduction of adverse postoperative outcomes and promises a better result in this high risk cohort of patients.

#### 0983: THE OUTCOME OF CARDIAC SURGERY IN OCTOGENARIANS: A 13 YEAR EXPERIENCE

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**Aim:** Advanced age is associated with increased risk in cardiac surgery and more octogenarians are being referred for interventional procedures for structural and ischemic heart disease. The aim of this study is to evaluate our surgical outcome in octogenarians following cardiac surgery.

**Methods:** Between January 1998 and May 2011, we identified 530 octogenarians who underwent cardiac surgery. The mean age was 82.3 +/- 2.4 years with a logistic EuroSCORE of 16.39 +/- 14.63. 135 patients (25.5%) underwent isolated coronary artery bypass grafting (CABG), 357 patients (67.3%) had aortic or mitral valve procedures.

**Results:** The in-hospital mortality was 6.0%. Major complications included stroke in 0.8%, new haemofiltration in 9.1% and permanent pace maker insertion in 5.8% of patients respectively. Median postoperative stay was 13 days. The overall actuarial survival at 1, 3 and 5 years was 87.4%, 80.0% and 75.2% respectively. The actuarial survival at 5 years for the isolated CABG group, aortic valve replacement group and mitral valve group was 82.8%, 74.7% and 74.0% respectively.

**Conclusion:** In our experience, cardiac surgery in octogenarians has excellent early and long-term survival. Morbidity rates are acceptable. We conclude that cardiac surgery should not be discounted in octogenarians on the basis of age alone.

#### 1004: CORONARY ARTERY BYPASS GRAFTING ON DIALYSIS-DEPENDENT CHRONIC RENAL FAILURE PATIENTS: SHORT AND LONG-TERM OUTCOMES, A 12 YEAR EXPERIENCE

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**Aim:** Performing coronary artery bypass graft surgery (CABG) on dialysis-dependent end-stage renal disease patients is still a subject for debate. This study focuses on the short and long term outcomes of dialysis-dependent patients undergoing CABG.

**Methods:** Between October 1998 and December 2010, we identified 65 dialysis dependent patients who underwent CABG in our institution. The mean logistic EuroSCORE was 17.07 +/- 20.62. 38 patients (58.5%) underwent isolated CABG and 27 patients (41.5%) had concomitant procedures.

**Results:** The total in-hospital mortality was 7.7%. Major complications included reintubation in 4.6% of patients. None of the patients had new post-operative stroke. The median postoperative stay was 14 days. The overall actuarial survival at 1, 3 and 5 years was 80.0%, 64.3% and 49.8% respectively. The actuarial survival at 5 years for the isolated CABG group, aortic valve replacement group and mitral valve group was 51.8%, 52.5% and 40.4% respectively.

**Conclusion:** Cardiac surgery can be performed in end stage renal disease with acceptable morbidity and mortality. The relatively decreased long term survival is only a reflection of their high natural attrition state and cardiac surgery should not be discounted solely on this foundation.

#### 1065: ANTIPLATELET THERAPY FOLLOWING CORONARY ARTERY BYPASS GRAFT SURGERY

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**Aim:** The most recent American College of Cardiology Foundation/American Heart Association guidelines for coronary artery bypass graft surgery (CABG) recommend the initiation of Aspirin (100-325mg) within 6-hours post-operatively and indefinite continuation, supported by class 1A evidence. This study aimed to evaluate adherence to these guidelines in our cardiac unit.

**Method:** A retrospective analysis of 100 consecutive patients undergoing CABG was conducted, analysing antiplatelet agents, dosing and timing of administration. The findings and recommendations were presented at local level. A prospective analysis of a further 100 consecutive patients undergoing CABG was conducted, analysing the above primary outcomes.

**Results:** The retrospective analysis revealed the following therapies: Aspirin 75mg-73%, Clopidogrel 75mg-5%, Aspirin+Clopidogrel 75mg-15% and Aspirin 300mg-7%. Initiation of therapy within 6-hours was not observed in any patient. The prospective analysis revealed the following therapies: Aspirin 75mg-61%, Clopidogrel 75mg-4%, Aspirin+Clopidogrel 75mg-7% and Aspirin 300mg-28%. Initiation of therapy within 6-hours was observed in 16%.